

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18226

STATE FILE NUMBER

FILED JUN 3 1957

Registration District No. 250 Primary Registration District No. 4423 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Platt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platt</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>New Market</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rest Haven Home</u> Length of stay in lb <u>6mo</u>		d. STREET ADDRESS <u>----</u> (If outside, give location) <u>430</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Bell</u> Last <u>Kenney</u>		4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12/22/1898</u>
9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR Months <u>58</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		11. BIRTHPLACE (City and state or country) <u>Mt. Sterling Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Wallace Cartmill</u>	
14. MOTHER'S MAIDEN NAME <u>Alice ? ?</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Billy Kenney, Kansas City, Mo</u> Address <u>153x</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma of sigmoid</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH <u>1952</u>	
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>153x</u>	
20a. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20c. CITY, TOWN, OR LOCATION _____		20d. COUNTY _____ STATE _____	
21. I attended the deceased from <u>Nov. 9, 1956</u> to <u>May 23, 1957</u> and last saw her alive on <u>5-23-57</u> Death occurred at <u>7:00 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O. 2</u>	
22b. ADDRESS <u>Weston, Mo</u>		22c. DATE SIGNED <u>5-25-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/27/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek Cemetery</u>		23d. LOCATION (City, town, or county) <u>Rushville, Mo</u> (State) _____	
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>St. Joseph, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-25-57</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27. (Licensed Embalmer's Statement on Reverse Side)	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~only~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John E. Rupp

Licensed Embalmer No. 39

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.